



# DiscoverHealth

## Employees and retirees under age 65 medical plans comparison and contributions

New changes for this year are highlighted in blue.

Cigna Limited Network

Cigna Open Access

Consumer-Driven Health Plan

In-network

Out-of-network

Retirees of Texas  
Option Plus

### Bi-weekly contributions for employees

|                     |          |          |         |     |
|---------------------|----------|----------|---------|-----|
| Employee only       | \$27.49  | \$42.77  | \$15.87 | N/A |
| Employee + children | \$82.49  | \$128.32 | \$47.66 | N/A |
| Employee + spouse   | \$109.99 | \$171.10 | \$63.55 | N/A |
| Employee + family   | \$164.98 | \$256.64 | \$95.32 | N/A |

### Monthly contributions for retirees under age 65

|                    |            |            |          |            |
|--------------------|------------|------------|----------|------------|
| Retiree only       | \$322.76   | \$537.94   | \$268.98 | \$537.94   |
| Retiree + spouse   | \$839.20   | \$1,398.70 | \$699.34 | \$1,398.70 |
| Retiree + children | \$516.44   | \$860.74   | \$430.36 | \$860.74   |
| Retiree + family   | \$1,032.88 | \$1,721.50 | \$860.74 | \$1,721.50 |

### Health Reimbursement Account, plan deductibles and maximums

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| Health Reimbursement Account              | No  | No  | City contributes \$500 individual / \$1,000 family per plan year   |  | No  |
| Lifetime maximum                          | Unlimited per individual  | Unlimited per individual  | Unlimited per individual   |  | Unlimited per individual  |
| Coinsurance                               | No  | You pay 30%<br>Plan pays 70%<br>after the deductible is met   | You pay 20%<br>Plan pays 80% after the<br>deductible is met  | You pay 40%<br>Plan pays 60% after the<br>deductible is met  | No  |
| Plan year deductible for Medical services | Individual \$100<br>Family \$300  | Individual \$500<br>Family \$1,000  | Individual \$1,500<br>Family \$3,000   | Individual \$3,000<br>Family \$6,000   | Individual \$100<br>Family \$300  |
| Plan year out-of-pocket max               | Individual \$2,000<br>Family \$4,000<br>Includes inpatient facility, outpatient facility and advanced radiological imaging copayments. Other copayments do not count.<br><br>The Family Maximum is met when copayments for all covered family members reach \$4,000 with no single family member meeting more than \$2,000. | Individual \$3,500<br>Family \$7,000<br>Includes only coinsurance. Copayments and deductibles do not count.<br><br>The Family Maximum is met when copayments for all covered family members reach \$7,000 except that no single family member shall meet more than \$3,500. | Individual \$5,000<br>Family \$10,000<br>Includes deductibles and coinsurance.<br><br>The Family Maximum is met when coinsurance for all covered family members reach \$10,000 except that no single family member shall meet more than \$5,000. | Individual \$10,000<br>Family \$20,000<br>Includes deductibles and coinsurance.<br><br>The Family Maximum is met when coinsurance for all covered family members reach \$20,000 except that no single family member shall meet more than \$10,000. | Individual \$2,000<br>Family \$4,000<br>Includes inpatient facility, outpatient facility and advanced radiological imaging copayments. Other copayments do not count.<br><br>The Family Maximum is met when copayments for all covered family members reach \$4,000 with no single family member meeting more than \$2,000. |

|   | Cigna Limited Network   | CIGNA Open Access   | Consumer-Driven Health Plan                              |  | Retirees of Texas Option Plus   |
|---|---|---|--|--|---|
|   |   |   | In-network   | Out-of-network   |   |
| Benefits  |   |   |  |  |   |
| Office visit copayment<br>Specialist copayment applies to OB/GYN physician                                    | Primary Care Physician<br>You pay \$35 per visit<br><br>Specialist<br>You pay \$100 per visit | Primary Care Physician<br>You pay \$40 per visit<br><br>CIGNA Care Network Specialist<br>You pay \$100 per visit<br><br>Non-CCN Specialist<br>You pay \$115 per visit | You pay 20%<br>Plan pays 80% after the deductible is met | You pay 40%<br>Plan pays 60% after the deductible is met | Primary Care Physician<br>You pay \$35 per visit<br><br>Specialist<br>You pay \$100 per visit |
| Surgery performed in a physician's office   |   |   | You pay 20%<br>Plan pays 80% after the deductible is met | You pay 40%<br>Plan pays 60% after the deductible is met |   |
| Preventive care   |   |   |  |  |   |
| Routine preventive care for children, Immunizations, Well-woman and well-man exam                             | No charge   | No charge   | No charge  | You pay 40%<br>Plan pays 60% after the deductible is met | No charge   |
| Mammogram, PSA, Pap Smear, Colonoscopy - Preventive Care and Diagnostic Related Services                      | No charge   | No charge   | No charge  | You pay 40%<br>Plan pays 60% after the deductible is met | No charge   |
| Inpatient hospital facility services  |   |   |  |  |   |
| Semi-private room and board and other non-physician services  | \$500 copayment per day (\$1,500 per participant per plan year), then plan pays 100%          | You pay 30%<br>Plan pays 70% after the deductible is met  | You pay 20%<br>Plan pays 80% after the deductible is met | You pay 40%<br>Plan pays 60% after the deductible is met | \$500 copayment per day (\$1,500 per participant per plan year), then plan pays 100%          |
| Outpatient services   |   |   |  |  |   |
| Outpatient surgery (facility services)  | \$300 copayment per procedure, (\$600 per participant, per plan year) then plan pays 100%     | You pay 30%<br>Plan pays 70% after the deductible is met  | You pay 20%<br>Plan pays 80% after the deductible is met | You pay 40%<br>Plan pays 60% after the deductible is met | \$300 copayment per procedure, (\$600 per participant, per plan year) then plan pays 100%     |
| Physical, occupational, cognitive and speech therapy  | Primary Care Physician<br>You pay \$35 per visit<br><br>Specialist<br>You pay \$100 per visit | Primary Care Physician<br>You pay \$40 per visit<br><br>CIGNA Care Network Specialist<br>You pay \$100 per visit<br><br>Non-CCN Specialist<br>You pay \$115 per visit | You pay 20%<br>Plan pays 80% after the deductible is met | You pay 40%<br>Plan pays 60% after the deductible is met | Primary Care Physician<br>You pay \$35 per visit<br><br>Specialist<br>You pay \$100 per visit |
| Lab and X-ray   |   |   |  |  |   |
| Lab and X-ray <ul style="list-style-type: none"><li>Physician's office</li></ul>                              | Primary Care Physician<br>You pay \$35 per visit<br><br>Specialist<br>You pay \$100 per visit | Primary Care Physician<br>You pay \$40 per visit<br><br>CIGNA Care Network Specialist<br>You pay \$100 per visit<br><br>Non-CCN Specialist<br>You pay \$115 per visit | You pay 20%<br>Plan pays 80% after the deductible is met | You pay 40%<br>Plan pays 60% after the deductible is met | Primary Care Physician<br>You pay \$35 per visit<br><br>Specialist<br>You pay \$100 per visit |
| <ul style="list-style-type: none"><li>Outpatient hospital facility</li><li>Independent lab facility</li></ul> | No charge   | You pay 30%<br>Plan pays 70% after the deductible is met  |  |  | No charge   |
| <ul style="list-style-type: none"><li>Independent x-ray and/or lab facility as part of an ER visit</li></ul>  |   |   |  |  |   |

|   | Cigna Limited Network  | CIGNA Open Access   | Consumer-Driven Health Plan  |   | Retirees of Texas Option Plus  |
|---|--|---|--|---|--|
|   |  |   | In-network   | Out-of-network  |  |
| <b>Advanced radiological imaging</b><br>MRI, MRA, CT Scan, PET Scan, etc.       | You pay a per scan copayment of \$100  | You pay 30%<br>Plan pays 70% after the deductible is met  | You pay 20%<br>Plan pays 80% after the deductible is met                         | You pay 40%<br>Plan pays 60% after the deductible is met              | You pay a per scan copayment of \$100  |
| • Inpatient facility  | Covered under Inpatient Hospital – Facility Services                                 |   |  |   | Covered under Inpatient Hospital – Facility Services                                 |
| • Outpatient facility<br>• Emergency room                                       | You pay a per scan copayment of \$100  |   |  |   | You pay a per scan copayment of \$100  |
| <b>Emergency and urgent care services</b>                                       |  |   |  |   |  |
| <b>Hospital emergency room</b>  | No charge after \$200 per visit copayment<br>(copayment waived if admitted)          | You pay 30%<br>Plan pays 70% after the deductible is met  | You pay 20%<br>Plan pays 80% after the deductible is met                         | You pay 40%<br>Plan pays 60% after the deductible is met              | No charge after \$200 per visit copayment<br>(copayment waived if admitted)          |
| <b>Ambulance</b>  | You pay \$100 copayment  | You pay 30%<br>Plan pays 70% after the deductible is met  | You pay 20%<br>Plan pays 80% after the deductible is met                         | You pay 40%<br>Plan pays 60% after the deductible is met              | No charge after \$100 per day copayment  |
| <b>Urgent care services</b>   | You pay \$60 copayment per visit<br>(copayment waived if admitted)                   | No charge after \$75 per visit copayment  | You pay 20%<br>Plan pays 80% after the deductible is met                         | You pay 40%<br>Plan pays 60% after the deductible is met              | No charge after \$60 per day copayment<br>(copayment waived if admitted)             |
| <b>Mental health and substance abuse services</b>                               |  |   |  |   |  |
| <b>Inpatient facility</b>   | \$500 copayment per day (\$1,500 per participant per plan year), then plan pays 100% | You pay 30%<br>Plan pays 70% after the deductible is met  | You pay 20%<br>Plan pays 80% after the medical plan deductible is met            | You pay 40%<br>Plan pays 60% after the medical plan deductible is met | \$500 copayment per day (\$1,500 per participant per plan year), then plan pays 100% |
| <b>Outpatient facility or physician's office</b>                                | 100% after \$35 per visit copayment  | <b>Physicians Office</b><br>100% after \$40 per visit copayment<br><br><b>Outpatient Facility</b><br>You pay 30%<br>Plan pays 70% after the deductible is met | You pay 20%<br>Plan pays 80% after the medical plan deductible is met            | You pay 40%<br>Plan pays 60% after the medical plan deductible is met | 100% after \$35 per visit copayment  |
| <b>Other health care services/facilities</b>                                    |  |   |  |   |  |
| <b>Vision care</b><br>• Annual (Plan Year) Exam<br>• Materials - frames, lenses | No longer covered under Cigna plans<br>Must enroll in separate Block Vision plan     | No longer covered under Cigna plans<br>Must enroll in separate Block Vision plan  | No longer covered under Cigna plans<br>Must enroll in separate Block Vision plan |   | No longer covered under Cigna plans<br>Must enroll in separate Block Vision plan     |

|  |   | Cigna Limited Network   | CIGNA Open Access  | Consumer-Driven Health Plan   |   | Retirees of Texas Option Plus   |
|--|---|---|--|---|---|---|
|  |   |   |  | In-network  | Out-of-network  |   |
| <b>Maternity care services</b> <ul style="list-style-type: none"><li>Initial visit to confirm pregnancy (OB/GYN is a specialist)</li></ul> |   | <b>Primary Care Physician</b><br>You pay \$35 per visit<br><b>Specialist</b><br>You pay \$100 per visit | <b>Primary Care Physician</b><br>You pay \$40 per visit<br><b>CIGNA Care Network Specialist</b><br>You pay \$100 per visit<br><b>Non-CCN Specialist</b><br>You pay \$115 per visit | You pay 20%<br>Plan pays 80% after the deductible is met                                | You pay 40%<br>Plan pays 60% after the deductible is met                                | <b>Primary Care Physician</b><br>You pay \$35 per visit<br><b>Specialist</b><br>You pay \$100 per visit |
|  | <ul style="list-style-type: none"><li>All subsequent prenatal visits, postnatal visits and physician's delivery charges</li></ul> | No charge   | You pay 30%<br>Plan pays 70% after the deductible is met   |   |   | No charge   |
|  | <ul style="list-style-type: none"><li>Delivery - facility</li></ul>   | \$500 copayment per day (\$1,500 per participant per plan year), then plan pays 100%                    |  |   |   | \$500 copayment per day (\$1,500 per participant per plan year), then plan pays 100%                    |
| <b>Allergy treatment/injections</b>  |   | You pay \$35 PCP or \$100 Specialist copay  | You pay \$40 PCP or \$100 Specialist<br>Non-CCN Specialist \$115   | You pay 20%<br>Plan pays 80% after the deductible is met                                | You pay 40%<br>Plan pays 60% after the deductible is met                                | You pay lesser of \$35 PCP or \$100 Specialist copay or actual charge                                   |
| <b>Allergy serum</b> (dispensed by the physician in the office)  |   | No charge   | No charge  |   |   | No charge   |
| <b>Skilled nursing facility, rehabilitation hospital and other facilities</b>  |   | No charge<br>Plan year maximum - 60 days  | You pay \$40 PCP or \$100 Specialist<br>Non-CCN Specialist \$115   | You pay 20%<br>Plan pays 80% after the deductible is met                                | You pay 40%<br>Plan pays 60% after the deductible is met                                | No charge<br>Plan year maximum - 60 days  |
| <b>Home health care</b>  |   | No charge<br>Plan year maximum - 60 days<br>Maximum per day - 16 hours                                  | You pay \$40 PCP or \$100 Specialist<br>Non-CCN Specialist \$115   | You pay 20%<br>Plan pays 80% after the deductible is met<br>Plan year maximum - 60 days | You pay 40%<br>Plan pays 60% after the deductible is met<br>Plan year maximum - 60 days | No charge<br>Plan year maximum - 60 days<br>Maximum per day - 16 hours                                  |
| <b>Hospice</b>   |   | No charge   | You pay 20%<br>Plan pays 80%   | You pay 20%<br>Plan pays 80%  | You pay 40%<br>Plan pays 60% after the deductible is met                                | No charge   |
| Prescription benefits  |   |   |  |   |   |   |
| <b>Prescription deductible</b>   |   | \$100 individual/\$300 family   | No   | No  | No  | \$100 individual/\$300 family   |
| <b>30-day supply at a participating pharmacy</b>   | <b>Generic</b>  | \$10  | \$10   | 20%<br>After plan year deductible   |   | \$10  |
|  | <b>Preferred</b>  | \$60  | 20% (\$45 min/\$100 max)   |   |   | \$60  |
|  | <b>Non-preferred</b>  | \$85  | 40% (\$55 min/\$150 max)   |   |   | \$85  |
|  | <b>Specialty</b>  | \$150 Cigna Home Delivery only  | 40% (\$100 min/\$300 max)<br>Cigna Home Delivery only  |   |   | \$150 Cigna Home Delivery only  |
| <b>90-day supply through CIGNA Home Delivery</b>   | <b>Generic</b>  | \$25  | \$25   | 20%<br>After plan year deductible<br>Specialty drugs are 30-day supply only             |   | \$25  |
|  | <b>Preferred</b>  | \$150   | 20% (\$113 min/\$250 max)  |   |   | \$150   |
|  | <b>Non-preferred</b>  | \$213   | 40% (\$138 min/\$375 max)  |   |   | \$213   |
|  | <b>Specialty</b>  | N/A   | N/A  |   |   | N/A   |

If there exists a conflict between this comparison and the official plan documents for each plan, the official plan documents will prevail. The city of Houston reserves the right to change, modify, increase or terminate any benefits.